

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035036

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2357

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 156 Cottage		d. STREET ADDRESS (If outside, give location) 156 Cottage	
3. NAME OF DECEASED (Type or print) First Middle Last ANN RICE LUDLOW		4. DATE OF DEATH Month Day Year Sept. 6, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Sarcoxie, Mo.
13a. FATHER'S NAME Joshua Rice		13b. MOTHER'S MAIDEN NAME Viola Allinsworth	14. NAME OF HUSBAND OR WIFE P. M. Ludlow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address P. M. Ludlow, 156 Cottage
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self ingested overdose of sleeping medication (barbiturate poisoning) DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 970.2			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self ingested overdose of sleeping medication	
20c. TIME OF INJURY Hour Month, Day, Year 11:00 a.m. 9/6/58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE Webster Groves St. Louis Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond Hard Coroner 3		22b. ADDRESS Clayton, Mo.	
		22c. DATE SIGNED 9/15/58	
23a. PUBLIC HEALTH REMOVAL (Specify) Removal		23b. DATE 9-6-58	
23c. NAME OF CEMETERY OR CREMATORY (None) Barnes Hosp.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich Webster Groves		25. DATE RECD. BY LOCAL REG. 9-12-58	
		26. REGISTRAR'S SIGNATURE Herbert R. Danks M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by NO embalming, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie Welch.....

Licensed Embalmer No. 4395.....

P. O. Address White Grove.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.